

GRACIE DIXON CENTRE APPLICATION FOR A VOLUNTEER POSITION

Council is collecting your personal information (e.g. name, address, phone number etc), for the purposes as outlined on this form. This information will only be accessed by authorised Council officers and will be handled in accordance with Council's Privacy Statement governed by the *Information Privacy Act 2009*. Visit <https://www.bundaberg.qld.gov.au/privacy> for further information

We operate a number of services through the Gracie Dixon Centre. Please tick if you would prefer to volunteer within a particular service:

- Gracie Dixon Respite Days**
 Gracie Dixon Dementia Café (monthly)
 Bargara Day Respite
 Happy to work with any

Name:	Telephone:	
Address:	Date of birth: (optional)	
Occupation (current or previous):		
Interests, skills, hobbies:		
Languages spoken:		
Do you have your own transport? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever done volunteer work? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, please give details:		
Organisations of which you are now a member:		
What type of volunteer work would you like to do?		
<input type="checkbox"/> with frail aged	<input type="checkbox"/> independent seniors	<input type="checkbox"/> administration
<input type="checkbox"/> with people with disabilities	<input type="checkbox"/> activities assistant	<input type="checkbox"/> cleaning
<input type="checkbox"/> community work	<input type="checkbox"/> kitchen activities	<input type="checkbox"/> driving
How much time can you give?	Weekly (hrs)	Monthly (hrs)

If you are interested in driving, please provide a copy of your driver licence and complete the details below:		
Licence No:	Class:	Years driving experience:
What interests you in volunteering at the Gracie Dixon Centre?		
Where did you hear about us?		
Please provide the name and address of two referees:		
1.	2.	
I agree to a complete Criminal History screening <input type="checkbox"/> YES <input type="checkbox"/> NO		
Is there anything else you would like to share with us?		
(Signed)	(Date)	

Thank you for taking the time to complete this application.